

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beausport</i>		Town		<i>Washington</i>		County	
Date of death 190 <i>2</i>		Month <i>May</i>		Day <i>30</i>		Age <i>77</i> -	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Months	
Married, Single or Widowed <i>Widower</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband							
Father's Name		<i>Could not find out.</i>		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

Primary	<i>Valvular disease of heart.</i>	How long	<i>3 yrs -</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. B. Zuberger and Son</i>
		Address	<i>Beausport Washington</i>
Accident or Suicide?	<i>No</i>		

W. H. Allston

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Number of children living

Husband of

~~Wife~~

Father's Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Beames

Town

County

MARYLAND

Died at *Cane Town**Washington*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

*5**1st*Age *88**5-13**Maryland**Cabinetmaker*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Madman~~

Number of children living

7

Husband of

~~Wife~~

Father's

Name

Elizabeth Beames Deed~~Mother's~~

Maiden Name

Cause of

Primary

age

Death

Immediate

General Debility

How long sick

more than a year~~Accident, Suicide, Homicide~~

Reported by

D. F. Riddell

Address

Smithsburg Washington Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rhoda Bender

CERTIFICATE OF DEATH

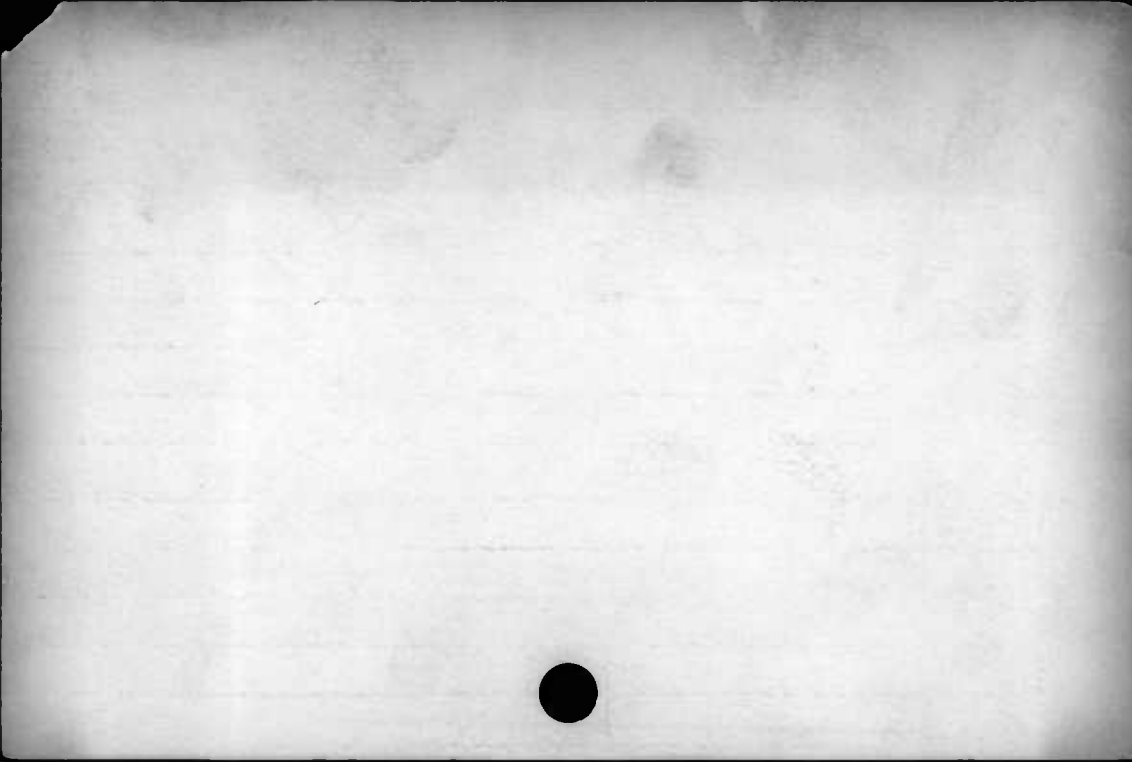
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Town		<u>Washington</u> County		MARYLAND	
Date of death 190	7	Month	May	Day	16
Age		34		Years	
Sex		female		Color or Race	white
Married, Single or Widowed		Married		Occupation	Housewife
Name of Wife or Husband		Roger Bender			
Father's Name		Lewis Lander		Father's Birthplace	Maryland
Mother's Maiden Name		Susan Snyder		Mother's Birthplace	Maryland
Name of person giving information		Roger Bender		How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Over 3/4 of entire body burned</u>		How long	167
Immediate	<u>Shock</u>		How long	8 hours.
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Baltimore, Maryland.	
Accident or Suicide?				



Name in Full

Certificate of Death

Mary Bierstine

Town

County

Died at

Hagerstown Washington

MARYLAND

Date

1902

Month

Day

5-2

Y.

M.

D.

Age

64 10 12

Native of

Md

Occupation

House Work

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

John Bierstine

Mother's

Name

Mary Clopper

Cause of

Primary

Paralysis

Death

Immediate

Anemia

How long sick

Two years

~~Accident, Suicide, Homicide~~

Reported by

J. E. Pitsenogle

Md.

Address

Hagerstown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Still Born
Town County
Died at Hyerstown Washington MARYLAND
Date 1902 8-21 Month Day Y. M. D. Native of Occupation
Male ~~White~~ Married ~~Widow~~ Divorced
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~
of

~~Wife~~

Father's Name Robert Burke Mother's Maiden Name Laurean Hill

Cause of Primary How long sick
Death Immediate Accident, Suicide, Homicide

Reported by Andrew H. Bottoman
Address Hyerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah Ann Chees

Town

County

Died at

Champring

Wash

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

5 3

Age

52 3 1

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living 1

Husband

of Alfred Chees

Wife

Father's

Name

Samuel Beas

Mother's

Maiden Name

Lucy Laylor

Cause of

Primary

Unknown

How long sick

Has not sick

Death

Immediate

Unknown

~~Accident, Suicide, Homicide~~

Reported by

Abram Shank, M.D.

Address

Clearspring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79098



Name In Full

Certificate of Death

Saml W. Coit

Town

County

MARYLAND

Died at *Hagerstown Wash.*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

✓

✓

Age

87

Maryland

Shoemaker

Male

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

1

Husband of

Wife

Catharine Coit

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Senility

How long sick

one year

Death

Immediate

Exhaustion

150

Accident, Suicide, Homicide

Reported by

M^cScott

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79005



Reported by *John Z. M.D.*
Address *Household M.D.*

LIBRARY BUREAU. 73899



Name in Full

Certificate of Death

Cecil T.

Donaldson

Town

County

Died at Hagerstown Washington

MARYLAND

Date 1908 ^{Month} 5 ^{Day} 24 ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation}
 Male White Married ~~Widow~~ Divorced Child
 Single ~~Widower~~ Number of children living ~~1~~

Husband of

Wife

Father's Name Edward T. Donaldson Mother's Name Minnie Emmert

Cause of Death { Primary Immediate } Jaundice

How long sick Six Months
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Hannie Daisey
 Town County

Died at

Fayette Wash

MARYLAND

Date 19

02

Month

5

Day

22

Y.

M.

D.

Age

43

1

14

Native of

Va

Occupation

House work

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Henry Daisey
Proctor H. Booth
Jane Booth

Cause of

Primary

Carcinoma ("Cancer")

How long sick

Death

Immediate

"

Accident, Suicide, Homicide

Reported by

Victor D. Smith, Jr.

Address

34 West Franklin St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808



Name in Full

Certificate of Death

Elizabeth Easton

Town

County

Died at

MARYLAND

Date 1902 Month 5 Day 16 Age 78 Y. 6 M. 22 D. Native of Maryland Occupation Housewife
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5-

 Husband
 of

Elisha Easton

 Wife
 Father's
 Name

George Morris

 Mother's
 Name

Katie Kefauver

Cause of

Primary

Rhynchom

How long sick

about 2 hours

Death

Immediate

Heart disease

Accident, Suicide, Homicide

Reported by

J. M. Schaefer MD

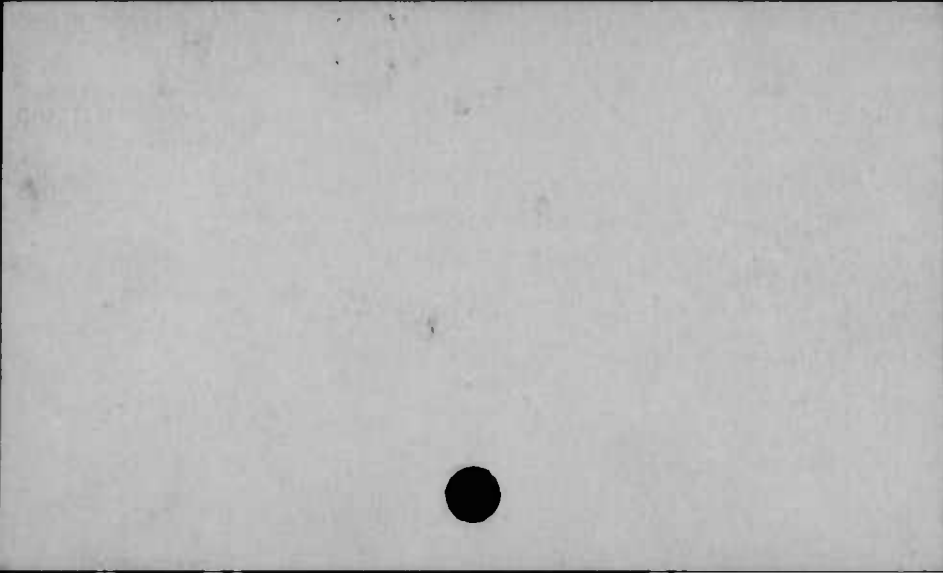
Address

J. M. Schaefer MD

STVA

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068



Name in Full

Certificate of Death

Ida May Emmert

Town

County

Died at

Mapleville Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5

14

Age

37

7

1

Pa.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Chas. A Emmert

Mother's

Name

Matthias Gordon

Cause of

Primary

How long sick

3 months

Death

Immediate

Acute Tubercular Phthisis

Accident, Suicide, Homicide

Reported by

Address

Eugene T Smith M.D.
Bovonsboro Wash. Co Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55069

100
100
100



Mr. Name

Town

County

Died at

Furnston Wash

MARYLAND

Date 189

1902 May 18th Y. M. D. Native of Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

John E. Ender

Mother's

Name

Maud Ender

Cause of

Primary

How long sick

Death

Immediate

Sick Born

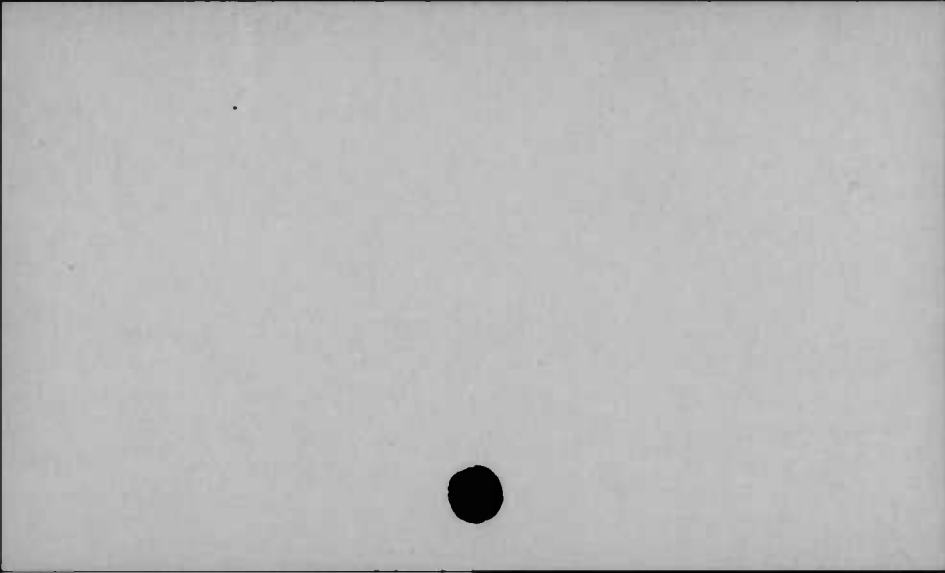
Accident, Suicide, Homicide

Reported by

C. J. Mize

Address

Furnston Wash



Name In Full

Certificate of Death

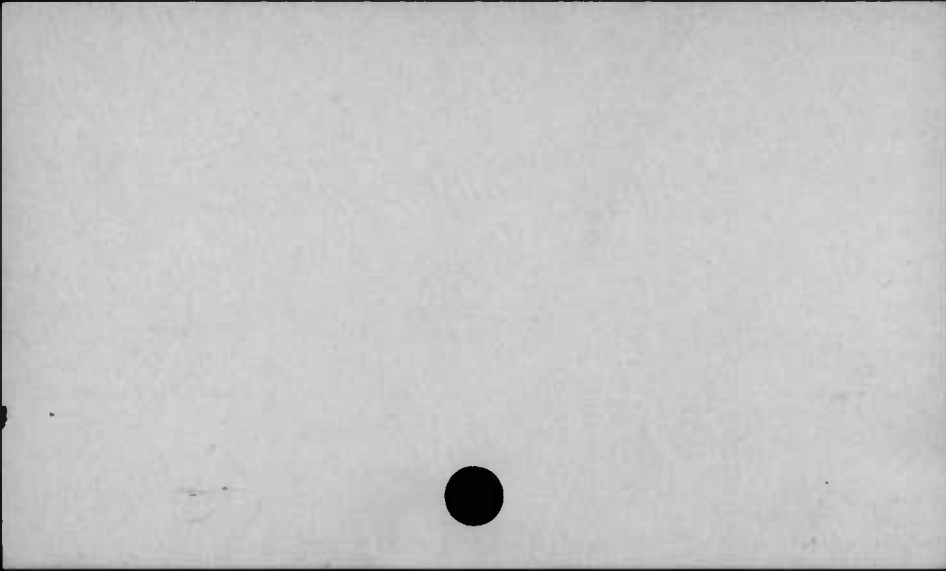
Sarah Hogler
 Died at *Smithsburg Washington* MARYLAND
 Date 1902 *5 1* Age *62 8 20* *Ind* *Housewife*
~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower Number of children living *3*

Husband of *Curtis Hogler*
 Father's Name *John Guiser* Mother's Maiden Name *Singer*
 Cause of Death { Primary *Apoplexy* Immediate *Apoplexy*
 How long sick *3 hrs.*
 Accident, ~~Swindle~~, Homicide

Reported by *Dr. J. M. Black*
 Address *Smithsburg Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75858



Name In Full

Certificate of Death

John Hagerstown
 Town County Washington MARYLAND

Died at
 Date 1902 5-1 Age 67- - Native of Md Occupation Laborer
 Male White Married Widow ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 9.

Husband of Mary E. Arce
 Wife
 Father's Name Mother's Name
 Maiden Name

Cause of Death Primary Genal Debility
 Immediate
 How long sick Four years
 Accident, Suicide, Homicide

Reported by L. M. Watkins
 Address Hagerstown Md Undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Sarah Garlock

Town

County

Died at

MARYLAND

Died at *Sturgis, Ark.* Month *May* Day *29* Y. *64* M. *10* D. *—* Native of *MD* Occupation *Housewife*

~~Male~~ White Married ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *5*

Husband
of
Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Since Oct - 1907

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 73893



Name In Full

Certificate of Death

Frederick C. Gush

Town

County

Died at

MARYLAND

Date	1902	Month	May	Day	16	Age	52.5	Y.	M.	D.	21	Native of	Maryland	Occupation	Shoe Maker
Male		Female		White		Colored		Married		Single		Widow		Divorced	
												Widower		Number of children living	2

Husband of
Wife of

Father's Name
Iris

Mother's Name
Elizabeth Gush

Cause of Death	Primary	Conjunctive Tumor	How long sick	10 months
	Immediate	Heart Failure	Accident, Suicide, Homicide	

Reported by
C. J. Pennington

Address
Furnstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name in Full

Certificate of Death

Emmet Johnson

Town

County

MARYLAND

Died at

Hagerstown Wash

Date 1902

Month

Day

Year

M.

D.

Native of

Occupation

5-16

Age

42 # 7

Va

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living

2

Husband

Wife

Father's

Name

Mother's

Maiden Name

How long sick

Cause of

Primary

Rheumatism

3 mos

Death

Immediate

Pneumonia Pulmonalis

~~Accident, Suicide, Homicide~~

Reported by

W J Morrison

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70654



Name in Full

Certificate of Death

Jacob. Kauffman
 Form Beltroast County Washington

MARYLAND

Died at Beltroast Washington
 Date 1902 Month May Day 28 Y. 92 M. 154 D. MD Native of MD Occupation Laborer
 Male White Married Widow Single Widower Number of children living

Husband of Wife
 Father's Name Mother's Maiden Name

Cause of Death { Primary Senility Immediate Exhaustion How long sick 6 weeks
154
~~Accident, Suicide, Homicide~~

Reported by M.B. Morrison
 Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Name In Full

Certificate of Death

Died at

Date 19

Male

White

Married

~~Widow~~

Number of children living

Husband of

Father's Name

Mother's Maiden Name

Cause of

Primary

Immediate

Death

How long sick

2 or 3 wks.

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Samuel Sherman Kinsey

Died at ^{Town} Hagerstown ^{County} Wash MARYLAND

Date 1902 May 3 | Age 35 3 11 | Native of Maryland | Occupation Striker
 Male White Married Widowed Deceased
 Female Colored Single Widower Number of children living 3

Husband of Lucie C Kinsey
 Wife
 Father's Name John T Kinsey Mother's Name Sophie Ambrose
 Maiden Name

Cause of Death { Primary Over work. 179
 Immediate Heart Failure
 How long sick One day
 Accident, Suicide, Homicide

Reported by Dr. Welly Farmer
 Address 228 Summit Ave. Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Amokluin

Name In Full

Certificate of Death

Daniel		Kitzmiller	
Town		County	
Benevola		Washington	
Died at		MARYLAND	
1902	Month	Day	Y. M. D.
Date 189	May	20	68 7 27
Native of		Occupation	
Washington		Shoemaker	
Male	White	Married	Widow
Female	Colored	Single	Widower
Number of children living			4
Husband of Mary Kitzmiller			
Wife		X	
Father's Name		Mother's Name	
Jacob		Margaret	
Cause of	Primary	Hemiplegia	
Death	Immediate	Heart failure	
How long sick		13 days	
Accident, Suicide, Homicide			
Reported by A. G. Lovell			
Address Benevola Wash Co Md			

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Josephine Elizabeth Leidig

Town

County

Died at Hagerstown

Washington

MARYLAND

Date 1902 May 14

Month Day

Y. M. D. 4 2 10

Native of

Occupation

Age

4 2 10

Md.

Child

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Wm J Leidig

Mother's Maiden Name

Bertha Shou

Cause of

Primary

Pneumonia

How long sick

3 weeks

Death

Immediate

Phthisis -

93

~~Accident~~ Suicide Homicide

Reported by

W B Morrison

Address

Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name In Full

Certificate of Death

Bessie V Funganecker

Town

County

Died at

Chewsville Washington MARYLAND

Date 189

2

Month

Day

Y.

M.

D.

Native of

Occupation

May 30 Age 24

nd

~~Male~~

White

Married

~~Widow~~~~Overced~~

Female

~~Colored~~

Single

Widower

Number of children living

Two

~~Husband~~

of

Wife

Ned Funganecker

Father's

Mother's

Name

Name

Aaron Craven Saville Craven

Cause of

Primary

How long sick

Death

Immediate

Heart disease

~~Accident, Suicide, Homicide~~

Reported by

Dr. S. W. Rums to

Address

Chewsville Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Died at Harriet L Mackey Hagerstown Washington MARYLAND
 Town County
 Date 1902 5-24 Y. M. D. Age 66 - - Native of MD Occupation Housewife
Male White Married Widow Divorced
Female Colored Single Widower Number of children living 4

Husband of Robert Mackey
 Wife
 Father's Name Oliver Charles Mother's Name Clancy Charles
 Cause of Death { Primary Heart & blood How long sick
 Immediate Eck anstom Accident, Suicide, Homicide

Reported by E A Mackey
 Address 79

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Maggie M. Marshall

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Mar May 14

Age 12 9 5

Mx

~~Male~~

White

~~Mastoid~~~~Widow~~~~Domestic~~

Female

~~Colored~~

Single

~~Widower~~Number of children living

Had and

Wife

Father's

Mother's

Name

Maiden Name

Child of Chas. & Sarah Marshall

Chas. Marshall

Sarah Smith

Cause of

Primary

Typhoid Fever

How long sick

4 weeks

Death

Immediate

Exhaustion & Heart Failure

Accident, Suicide, Homicide

Reported by

O. Hummel Gardner

Address

O Harpington

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Chas. S. Wade
Undertaker

Name in Full

Certificate of Death

Mary Miller

90

Died at ^{Town} Williamsport, ^{County} Wash.

MARYLAND

Date 1902 ^{Month} May ^{Day} 21 - ^{Y.} ^{M.} ^{D.} Age 73 - 9 - ^{Native of} Wash. Co. ^{Occupation} _____

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Divorced~~ ^{Female} ~~Colored~~ ^{Single} ~~Widower~~ Number of children living ^{Seven}

Husband of Luther A Miller

Wife of James Neal

Mother's Name Nancy Charlton

Cause of Death { Primary ^{How long sick} Apoplexy ^{Accident, Suicide, Homicide} Immediate

Reported by Theo. Beaver

Address Williamsport Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James

no

July 20 1880



Name in Full

Certificate of Death

Ann E. Monroe

Town

County

Died at Beonsboro Washington MARYLAND

Date 1902 May 29 Age 76 Y. M. D. Native of Va Occupation

Female White Married Widower Number of children living

Husband of Wife

Father's Name William Monroe Mother's Name Elizabeth Turner

Cause of Death Primary Phthisis Pulmonalis How long sick 2 years -

Death Immediate Accident, Suicide, Homicide

Reported by W.B. Wheeler and Lora M.D.

Address Beonsboro Washington D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79098

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Mary

Died at *Penn Creek* Town *Washington* County *MD* MARYLAND

Date of death 190 *2* May *6* Age *Three* Months *20* Days

Sex *male* Color or Race *white* Birth-place *Berme*

~~Married, Single or Widowed~~ Occupation

Name of Wife or Husband

Father's Name *Calvin Mary* Father's Birthplace *Ind*

Mother's Maiden Name *Bertie Hotkush* Mother's Birthplace *Ind*

Name of person giving information *Calvin Mary* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Born* *D.* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. H. Thurstot, M.D.
Cheroville
Me.

Accident or Suicide?

Francis B. Murray

Town

County

Died at

MARYLAND

Hagerstown Washington

Date 1912 5 7

Month Day Y. M. D.

Age 60-6-17

Native of Penna

Occupation Car Inspector

Male White Married ~~Widow~~ ~~Divorced~~

Female Colored Single Widower

Number of children living 3

Husband of Mrs. Rebecca Ann Murray

Father's Name Francis Murray

Mother's Maiden Name Margaret Brady.

Cause of Death Primary Cause is 67

How long sick 2 years

Immediate

Accident, Suicide, Homicide

Reported by

Address

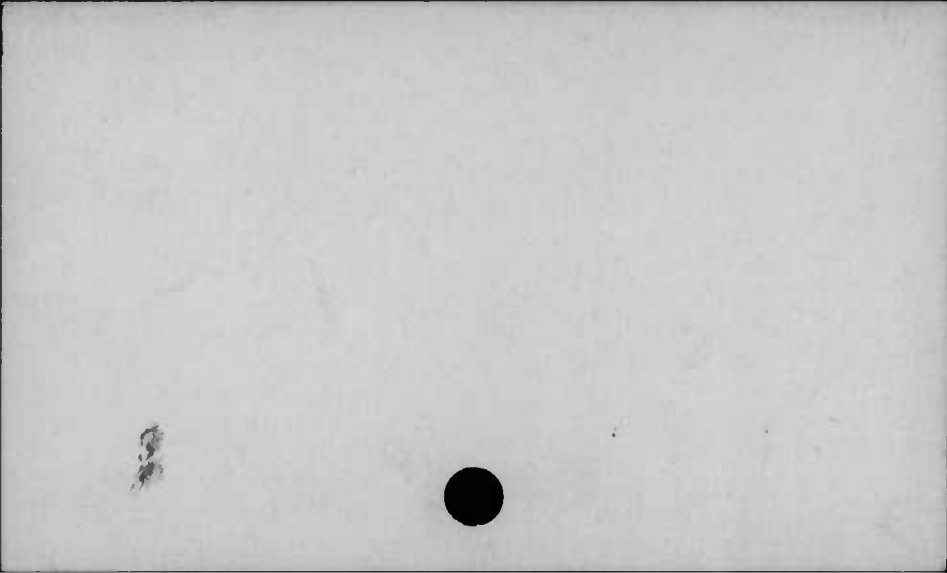
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John. L. Noile
 Died at *Piney Plains* *Washington* *MARYLAND*
 Date 1902 *5-30* | Age *68, 1, 21* | Native of *Med* | Occupation *Farmer*
 Male | White | Married | Widower | Divorced |
 Female | Colored | Single | Widower | Number of children living *5-*
 Husband *Elizabeth Norris formerly Mrs. Lymis*
 Wife *Jno. Noile* | Mother's *Mahala Noile*
 Father's Name *Jno. Noile* | Maiden Name *Mahala Noile*
 Cause of Death { Primary *Supposed* | How long sick *179* | *instant*
 Immediate *Heart failure* | Accident, Suicide, Homicide
 Reported by *B. Wolfkin*
 Address *Waverly* *Med.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Verizetta Reel

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

May 30

Age

-

4.3

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Melvin Reel

Nannie Brashears

Cause of

Primary

Capillary Bronchitis

How long sick

7 or 8 weeks

Death

Immediate

Whooping Cough & Meningitis

Accident, Suicide, Homicide

Reported by

O. Harold Gardner. 92

Address

Sharpsburg. Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Marker,
Undertakes.

Name in Full

Certificate of Death

Annie Kate Reptier

Town

County

Died at

Hagerstown

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 May 3

Age

61-7-11

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2.

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Found her dead at

How long sick

thour

Death

Immediate

12.0 PM.

~~Accident, Suicide, Homicide~~

Reported by

M. B. Morrison M.D. 179

Address

Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Isaac Midenour

Town

County

Died at

Washington MARYLAND

Date 19

02

Month

Day

5 20

Age

Y.

M.

D.

62 7 6

Native of

Occupation

Md

Labourer

Male

White

Married

~~Widow~~~~Divorced~~

Number of children living

One

~~Female~~~~Colored~~~~Single~~~~Widower~~

Husband of

Wife

Father's

Mother's

Name

Adam Midenour

Maiden Name

114

Cause of

Primary

Acute Hepatitis

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Wm. Preston Miller

Address

Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76825



Fannie Belle Riner

Town

County

MARYLAND

Died at

Hagerstown

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

May 2

Age 36-1-24

W.Va.

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living 4.

Husband of

Wife

George W. Riner

Father's

Mother's

Name

John W. Merchant

Maiden Name

Mary C. Riner

Cause of

Primary

Tuberculosis

How long sick

Several months.

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

L. D. Dyle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Oscar Scott.

Town

County

MARYLAND

Died at

Hagerstown

Washington

Date 19

02

Month

Day

5 27

Y.

M.

D.

Age

about 50 yrs

Native of

Russia

Occupation

Architect.

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living 1

Husband

of

Mrs. Amanda Scott

Wife

Father's

Mother's

Name

Not Known

Maiden Name

Not Known.

Cause of

Primary

(Chronic Endocarditis -)

How long sick

few minutes.

Death

Immediate

Heart Disease -

~~Accident, Suicide, Homicide~~

Reported by

H. Preston Miller - 79

Address

34 N. Franklin -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Leroy Semler

Died at ^{Town} Hagerstown ^{County} Washington MARYLAND

Date 19 ^{Month} 02 ^{Day} 05 ^{Age} 29 ^{Y.} 17 ^{M.} 10 ^{D.} 28 ^{Native of} Md ^{Occupation} Clerk

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
of
Wife

Father's Name J. Fred Semler Mother's Maiden Name Rachel Grezler

Cause of Death { Primary Typhoid Fever Immediate Cardiac Failure } How long sick 4 days
 Accident, Suicide, Homicide

Reported by E. H. Schumdel, M.D.
 Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Taylor Shivers

Died at ^{Town} *Stam No 6* ^{County} *Washington* *MARYLAND*

Date 1902 *May 9* Month *May* Day *9* Age *28* Y. M. D. Native of *Md.* Occupation *Laborer*

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *0*

Husband of _____
 Wife _____
 Father's Name *Jacob Shivers* Mother's Maiden Name *Ellen Surrency*

Cause of Death { Primary *Consumption in 7* How long sick *4 years*
 Immediate _____ Accident, Suicide, Homicide _____

Reported by *Martin Jenkins Undertaker*
 Address *Hancock Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mrs. Nora R. Sigler

Town

County

MARYLAND

Died at

Smithsburg

Washington

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

5 26

Age

22 8

Md.

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

~~Husband~~

Wife

Father's

Name

H. Gearhart Sigler

Mother's

Name

John A. Lakin

Lavinia
Berdelia Schloer

Cause of

Primary

Typhoid fever

How long sick

4 weeks

Death

Immediate

Intestinal Haemorrhage

Accident, Suicide, Homicide

Reported by

Dr. J. M. Stuck

Address

Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Margaret-Ann Simons

Town

County

Died at

MARYLAND

Date 19

02

Month

Day

Y.

M.

D.

Age

71

-

-

Native of

Ind

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Three

Husband

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70003

Eugene Morke
Undertaker

Name
in
Full

William F. Smith

CERTIFICATE OF DEATH

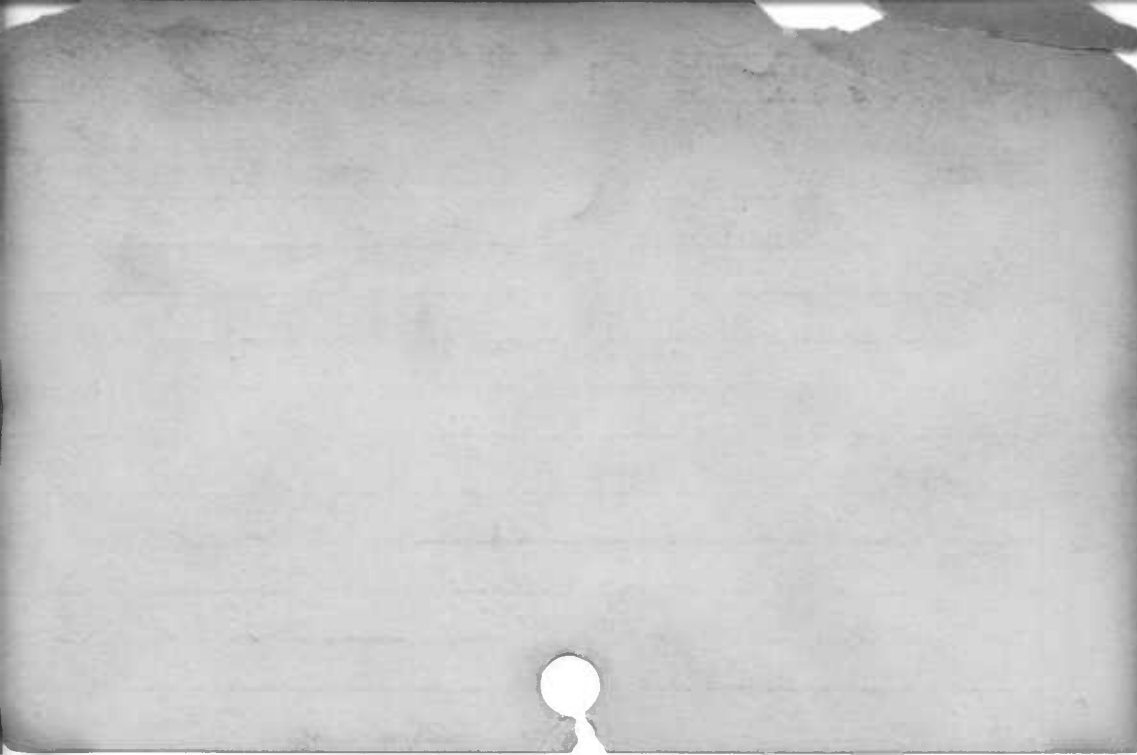
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Beavertown</i>		Town <i>Washington</i>		County <i>Washington</i>		STATE <i>MARYLAND</i>	
Date of death 190 <i>2</i>	Month <i>May</i>	Day <i>29</i>	Age <i>81</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Widower</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband							
Father's Name <i>John Smith</i>			<i>65</i>		Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Sophia Fullz</i>					Mother's Birthplace <i>"</i>		
Name of person giving information <i>Harry J. Smith</i>					How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ramollismant</i>	How long <i>24 years -</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>W.B. Wheeler M.D.</i>
<i>Filed 1902</i>	Address <i>Beavertown Washington D.C.</i>
Accident or Suicide?	



Martin L. Stockolagen.

Died at ^{Town} near Hagerstown ^{County} Washington - MARYLAND

Date 1902 ^{Month} 5- ^{Day} 6- ^{Age} 65 ^{Y.} ^{M.} ^{D.} 8 ^{Native of} Maryland ^{Occupation} Farmer

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced} ^{Number of children living} 8

^{Female} ^{Colored} ^{Single} ^{Widows}

Husband of

Father's Name

Mother's

Maiden Name

Cause of

Primary

Chronic Nephritis & Endocarditis

How long sick

about Six months

Death

Immediate

(Heart & kidney disease)

~~Accident, Suicide, Homicide~~

Reported by

H. Preston Miller

Address

34 West Franklin
Hagerstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary Suter

Town

County

Died at

Hagerstown Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 May 6

Age

89 1 18

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Peter Suter

Mother's

Maiden Name

Catharine

Cause of

Primary

Dementia

How long sick

5 weeks

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

C. C. Marchman

Address

154

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70868



Mary Catherine Thomas

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

5

12

Age

70 . 1 . 5

Ind

Housewife

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Samuel Deener

Dinah Hyland

Cause of

Primary

Bright's Disease

How long sick

Several years

Death

Immediate

Heart Paralysis

120

Accident, Suicide, Homicide

Reported by

W. H. Hixson M.D.

Address

Keedysville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Nancy Thomas*
 Town *Hayestown* County *Washington* MARYLAND
 Died at *Hayestown Washington*
 Date 19*02* *1* *5* *13* Age *76* *1* *15* *Ind* *Lumber*
 Male *White* Married *Widow* *Divorced* *Lumber*
 Female *Colored* *Single* *Widower* Number of children living *7*
 Husband of *Joseph H. Thomas*
 Wife *Joseph H. Thomas* Mother's *Rennie Rouland*
 Father's Name *Joseph Long* Maiden Name *Rennie Rouland*
 Cause of *Primary* *Smile decay - 154* How long sick
 Death *Immediate* *Smile decay - 154* Accident, Suicide, Homicide
 Reported by *Rev. B. B. B. B. B.*
 Address *Hayestown Md* *Rev. B. B. B. B. B.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Harriet Ellen Pyler

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

5-21

Age

50 2 1

Ind

Laurelwood

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Joseph W Pyler

George Williams

Larina Williams

Cause of

Primary

Heart Disease

How long sick

Four weeks

Death

Immediate

Cardiac Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

M. P. Scott

Address

Hagerstown

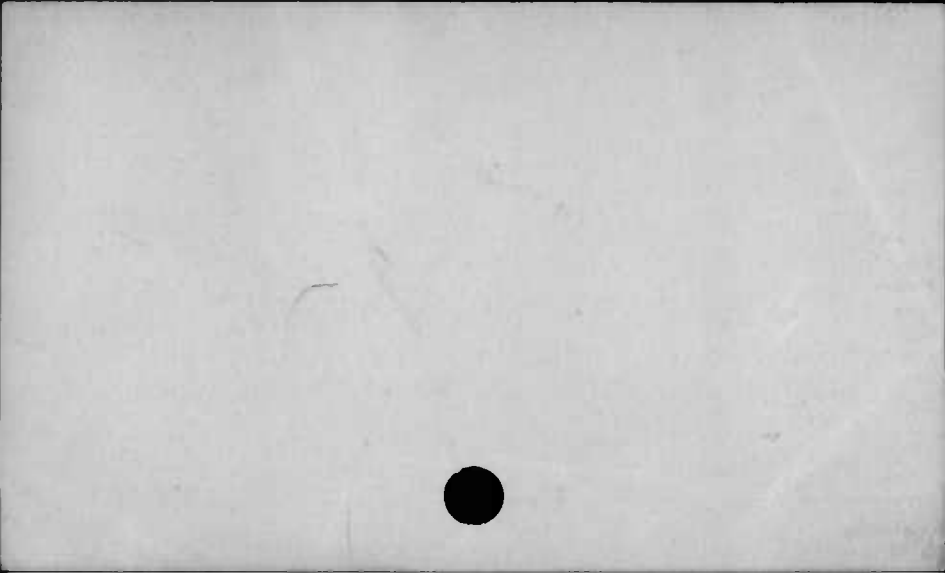
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76898



Died at Hagerstown Town Washington County MARYLAND
 Date 1902 May 24 Month Day Y. M. D. Native of _____ Occupation _____
 Age _____
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐
 Number of children living _____
 Husband of _____
 Wife _____
 Father's Name Harsh Van Horn Mother's Maiden Name Annie L. Black
 Cause of Death { Primary Still Born Immediate _____
 How long sick _____
 Accident, Suicide, Homicide _____
 Reported by H. H. Den-M.D.
 Address Hagerstown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Anna L. Van-Horn

Town

County

Died at Hagerstown

Washington MARYLAND

Date 1902 May 27 | Age 31.2.12 | Native of Md. | Occupation Housewife

~~White~~ Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Haslop Van-Horn

Wife

Father's Name

Mother's Name

Cause of Death { Primary Parturition | How long sick 4 days

Immediate Bowel Obstruction & Hematoma | Accident, Suicide, Homicide

Reported by H. H. Den-M.D.

Address Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

